

**BRIDGING THE GAP – MEDICAL INTERPRETER
APPLICATION FORM**

Applicant's Personal Information:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ E-Mail: _____

Current Employer: _____

Job Title: _____

How often do you interpret?

Daily ____ A few times/week ____ A few times/month ____ Not very often ____

How many hours of **interpretation** did you provide in the last 30 days? ____

Have you interpreted in a medical setting before? (Please explain) _____

Sponsoring Organization Information:

Name of Sponsoring Organization: _____

Is this Agency: For-profit: Yes ____ No ____ Non-profit: Yes ____ No ____

Contact name: _____

Job title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ E-Mail: _____

Applicant's Language Information:

How many languages/dialect do you speak? _____

Which are they? _____

What is your **dominant** language? _____

Please mark your dominant language fluency in the following areas:

Reading	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Writing	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Speaking	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Translating	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Interpreting	_____	Proficient	_____	Semi-proficient	_____	Not proficient

What is your **target** language? _____

Please mark your target language fluency in the following areas:

Reading	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Writing	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Speaking	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Translating	_____	Proficient	_____	Semi-proficient	_____	Not proficient
Interpreting	_____	Proficient	_____	Semi-proficient	_____	Not proficient

Statement of Purpose:

How will this training enhance your ability to perform your job?

Please include the following information with your application:

- 1. A letter from your sponsoring organization. The letter should demonstrate that the organization understands the requirements from this training and include a detailed description of how you will use this training in their organization.**
- 2. A personal letter from the applicant stating why he/she wants to attend this training course.**
- 3. Attach a Curriculum Vitae/Resume describing your link to medical interpreting.**